

## **APPENDIX B**

### **CHILD SURVEY FIELDING MATERIALS**



September 29, 1999

#BWNFQMR  
#13 009015971 1#  
TO THE PARENT OR GUARDIAN OF  
CARISSA SAMPLE  
1214 ANYROUTE  
ANYCITY  
ANYCOUNTRY

Dear Parent/Guardian:

Never before has there been so much discussion about health care for the military community. Health care services are changing throughout the country. The Department of Defense needs your help in gathering important information about your child's health care. Within the next few weeks, you will receive a questionnaire asking for your comments on your child's health, the availability of health care, and your satisfaction with your child's health care services.

Without such information and without a clear understanding of what the military community wants in health care services, sensible and effective health care programs are difficult to offer. The information you provide about your child will be used to help improve all health care programs for the entire military community. Your child is one of a small number of military beneficiaries who have been selected to be included in this voluntary study. ***Your responses are important to us even if your child does not receive his or her health care from the military.*** Your answers will be held in the strictest confidence, and neither you nor your child will be personally identified in any reports or release of survey data.

If your address above is incorrect, please telephone the Survey Operations Center at 1-800-881-5307 (within the U.S.) or call collect at 1-612-493-8746 (outside the U.S.) between the hours of 9:00 Am and 7:00 PM EST to give your correct address. You also can send this letter via facsimile with your correct address to 1-612-945-7385.

Thank you in advance for participating in this important project regarding health care of our military community.

Sincerely,

H. James T. Sears, M.D.  
Executive Director

*February 4, 2000*

#BWNFQMR  
#13 000874948 8#  
TO THE PARENT OR GUARDIAN OF LARRY SAMPLE  
1105 ANYROUTE  
ANYCITY  
ANYCOUNTRY

Dear Parent/Guardian:

Nearly everyone is concerned about health care. The Department of Defense is interested in evaluating how well health care services and programs, civilian, military or otherwise have met your child's health care needs. Without such information and without a clear understanding of what the military community needs regarding kinds of health care services, sensible and effective health care programs are difficult to offer. The information you provide in the enclosed survey will be used to help improve all health care programs for all military beneficiaries.

Your child is one of a small number of military beneficiaries about whom we are seeking comments on their health, the availability of health care, and their satisfaction with health care services. Your child has been selected for this voluntary study from a random sample of family members of active duty and retirees. I ask that you please answer these questions for your child.

In order that the results truly represent the thinking of all military beneficiaries, it is important that you complete the survey and return the survey (along with any written comments you care to make) in the enclosed postage-paid envelope within 14 days. Your responses are important even if your child does not receive your health care from the military.

I urge you to invest the 20-30 minutes required to complete this survey to help us improve the health care of our military community. The opinions you express will represent those of other beneficiaries like you who do not have the opportunity to participate in this study. You may be assured of complete confidentiality. Your answers will be held in the strictest confidence, and neither you nor your child will be personally identified in any reports or release of survey data.

If your address above is incorrect, please telephone the Survey Operations Center at 1-800-881-5307 (within the U.S.) or call collect at 1-612-493-8746 (outside the U.S.) between the hours of 9:00 AM and 7:00 PM EST to give your correct address. You also can send this letter via facsimile with your correct address to 1-612-945-7385.

Thank you in advance for taking the time to complete this important survey.

Sincerely,

H. James T. Sears, M.D.  
Executive Director

Message side:

**WE NEED YOUR HELP!**

Recently you should have received a survey from the Department of Defense inviting you to express your reactions, attitudes, and concerns about your child's health care. Without such information and a clear understanding of what the military community wants in health care services, sensible and effective health care programs are difficult to offer. The information you provide will be used to help improve all health care programs for the entire military community. ***Your responses are important to us even if you do not receive your health care from the military.***

If you have taken the time to return your completed survey, please accept my sincere thanks. If you have not yet had a chance to respond, we are anxious to hear from you. It would be greatly appreciated if you would take the time to complete the survey and return it in the postage-paid envelope that was provided. If you did not receive the survey or if you need another copy, please call the Project Officer at 1-800-881-5307 (within the U.S.) or call collect at 1-612-493-8746 (outside the U.S.).

We can not emphasize enough the value of your opinions and input. Thank you for taking the time to complete this important survey.

H. James T. Sears, M.D.  
Executive Director

Address side:

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
**HEALTH AFFAIRS**  
**SURVEY PROCESSING ACTIVITY**  
**C/O DATA RECOGNITION CORPORATION**  
**8900 WYOMING AVENUE NORTH**  
*BROOKLYN PARK MINNESOTA 55445*

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***ADDRESS SERVICE REQUESTED***

#BWNFQMR \*\*\*\*\*ALL FOR ADC 00309  
#13 0009326012 8#  
LARRY SAMPLE  
1105 ANYROUTE  
ANYCITY ANYSTATE 55345-1108

March 29, 2000

#BWNFQMR  
#13 000880795 5#  
TO THE PARENT OR GUARDIAN OF  
LARRY SAMPLE  
1105 ANYROUTE  
ANYCITY  
ANYCOUNTRY

Dear Parent/Guardian:

During the past few weeks you may have been asked to complete a survey of great importance to the Department of Defense. Several weeks ago, we mailed to you a copy of the 1999 Health Care Survey of DoD Beneficiaries with my personal request to participate. Although your participation in the survey is strictly voluntary, we are very interested in hearing from you. The results from this survey will be used to better understand where improvements can be made in health care services for the military community.

If you have completed and returned the survey about your child, thank you. If you have not completed the survey, please take some time--about 20-30 minutes--from your busy schedule to do so now. A duplicate survey is enclosed for your convenience. Please return the survey in the envelope provided within the next 14 days. To have your voice heard this survey must be received soon.

Your child was selected from a random sample of family member beneficiaries. Your response will represent the opinions and attitudes of other parents or guardians who were not selected to participate and so your completion of the survey is appreciated. I want to assure you that your answers will be held in strictest confidence. Your answers will be held in the strictest confidence, and neither you nor your child will be personally identified in any reports or release of survey data.

Please take the time to express your views and concerns by completing and mailing the survey today. Thank you very much for doing so.

Sincerely,

H. James T. Sears, M.D.  
Executive Director